



Climate Change - A Public Health Crisis

By Gary Sobelson, MD, and Jamie Henn

What if instead of being seen as an environmental issue, climate change was primarily treated as a public health crisis? Would we have made more progress if the leading voices calling for change were doctors, instead of environmentalists? Should it have been the American Medical Association, rather than the Sierra Club, who took up the charge to limit carbon emissions?

From both of our vantage points, it's clear that climate change is a public health crisis. According to the World Health Organization, climate change will cause an estimated 250,000 additional deaths per year between 2030 and 2050 due to increases in malnutrition, diarrhea, diseases like malaria, and heat stress. Our ongoing reliance on fossil fuels also carries an enormous cost: the WHO estimates that household air pollution causes some 4.3 million deaths per year, while ambient air pollution, causes

upwards of 3 million deaths¹.

In New Hampshire, the impacts are just as real. Warmer weather means an expanded range for disease bearing insects, such as ticks and mosquitos: the range of the West Nile virus is expected to expand across New England, for example. Higher temperatures also pose a risk to respiratory health, increasing levels of ground level ozone and worsening allergies.

These realities shouldn't just intimidate, but motivate. As the Lancet Commission on Public Health and Climate Change wrote in 2015, "tackling climate change could be the greatest global health opportunity of the 21st century."² During the 19th and 20th centuries, public health activists took on some of the greatest challenges of their day: housing, sanitation, education, and more. As we begin this hot, new century, it's time for the medical profession to once again rise to the crisis at hand.

Some of that work is already underway. In June of 2018, the American Medical Association took the bold step of divesting from fossil fuels, joining over 1,000 other institutions that have divested more than \$8 trillion from coal, oil and gas companies.³ At many of 350.org's largest

Climate Change, cont. on page 4



¹ <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

² <https://publichealth.yale.edu/climate>

³ <https://www.psr.org/blog/2018/06/13/ama-passes-resolution-on-divesting-from-fossil-fuels/>

JUA Surplus Funds Successfully Returned to Policyholders

By Tom Buchanan and
Georgia Tuttle, MD

What began a decade ago as what most considered an insurmountable legal, political and financial challenge to the State of New Hampshire's effort to take \$110 million from the New Hampshire Medical Malpractice Joint Underwriting Association (NHMMJUA) concludes this year as a historic success. Thanks in large measure to the courage and unwavering leadership of a handful of New Hampshire's health care providers and their legal team from Nixon Peabody LLP, a final distribution of money to former NHMMJUA policyholders is underway.

After nearly ten years of complex, high-stakes, often hotly-contested, litigation in multiple judicial, administrative and legislative venues, Nixon Peabody's trial lawyers, led by Kevin Fitzgerald and his partner Scott O'Connell,

JUA Surplus Funds, cont. on page 7

Also in this issue...

**Ticks: Climate Change
Canaries**

Heat Related Illness

**The Changing Climate of
Physician Leadership**

New Hampshire Medical Society
7 North State Street
Concord, NH 03301
603 224 1909
603 226 2432 fax
nhmedicalsoociety@nhms.org
www.nhms.org

Tessa Lafortune-Greenberg, MD ... President
James G. Potter, CAE EVP
Mary West Editor

President's Perspective	2
Ticks: Climate Change Canaries	3
Heat Related Illness	6
Medical Mutual Insurance Company of Maine: Risk Management Practice Tip	8
New Study: Addressing Childhood Adversity and Social Determinants in Pediatric Primary Care	10
Corporate Affiliates	10
2018-2019 NHMS Council	11
The Changing Climate of Physician Leadership	14

Mission: *Our role as an organization in creating the world we envision.*

The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health.

Vision: *The world we hope to create through our work together.*

The New Hampshire Medical Society envisions a State in which personal and public health are high priorities, all people have access to quality healthcare, and physicians experience deep satisfaction in the practice of medicine.

Do you or a colleague need help?

The New Hampshire Professionals' Health Program (NH PHP) is here to help! The NH PHP is a confidential resource that assists with identification, intervention, referral and case management of NH physicians, physician assistants, pharmacists, and veterinarians who may be at risk for or affected by substance use disorders, behavioral/mental health conditions or other issues impacting their health and well-being. NH PHP provides recovery documentation, education, support and advocacy – from evaluation through treatment and recovery.

For a confidential consultation, please call Dr. Sally Garhart @ (603) 491-5036 or email sgarhart@nhphp.org.

*Opinions expressed by authors may not always reflect official NH Medical Society positions. The Society reserves the right to edit contributed articles based on length and/or appropriateness of subject matter. Please send correspondence to "Newsletter Editor," 7 N. State St., Concord, NH 03301.

President's Perspective

Is there a "constitutional right to a stable climate?"



Tessa Lafortune-Greenberg, MD

With all of the publicity and discussions regarding climate change, the environment and effects on health, I do not want to belabor the cause and effect. I want to focus on children, how the environment affects the health of children, and how children are being their own best advocates.

In researching this topic and how it relates to children I came across some very interesting ways in which children are becoming affected by climate change and are working to make changes.

For many years it has been known that poor air quality affects the respiratory health of children with increased rates of asthma in areas with poor air quality. However, the burden of disease related to climate change affecting children is estimated at 88%.

Regardless of the causes, we are seeing the impacts of extreme temperatures, extreme storms, and emerging infectious diseases (Zika virus) disproportionately affecting children. In addition, warmer temperatures are increasing waterborne bacteria causing infections and diarrhea illnesses, and increasing the number of

deaths across the world. The temperature fluctuations are damaging crops, impacting the food supply, and leading to undernutrition of children, which is projected to lead to increasing numbers of children dying. In the United States, the effects are different in different regions of the country. The Northeast sees extreme temperatures, mosquito and tick-borne infections and some extreme weather events, while the western areas of the country are more affected by wildfires and poor air quality (as a result) and the southeast with extreme temperatures and weather events leading to water related infections. The common effect of all of these events is the toll taken on the mental health and the overall well being of children. Children are more sensitive and more vulnerable to these issues and there is increasing work being done to address these issues in the present and to prevent worsening.

The United Nations Human Rights Council prepared a paper prior to a panel discussion on climate change and children's rights. I found it an interesting focus on how the impacts of climate change on children threatened children's rights to health, life, food, water and sanitation, amongst other issues. It recommended that all involved with protecting the environment ensure that the rights of children are considered and met. Looking at this as a children's "rights" issue had never really entered my mind in exactly those terms and I found it an interesting way to view the issue.

President's Perspective, cont. on page 12

Ticks: Climate Change Canaries

By Michael Padmore,
NHMS Director of Advocacy

As we prepare for warm weather in New England and all the outdoor activities that come with it, we must also be aware of one downside, ticks. New Hampshire finds itself in the highest prone region of the country for contracting tick-borne illnesses and it's only getting worse due to our changing climate. I first learned of this trend while working for NextGen Climate, as we studied the impact climate change was having on the Granite State.

We consulted with New Hampshire Department of Fish & Game wildlife biologist, Eric Orff, who had been researching these impacts on wildlife, specifically the state's moose population. He found that a warming New England climate was leading to longer lifespans for winter ticks, that latch onto moose in the tens of thousands at a time. These ticks aren't carrying harmful bacteria, but instead effectively kill their host through blood loss. The result has been devastating for their population.

For hikers and other wilderness explorers, the threat ticks pose comes in the form of Lyme disease and other tick-borne illnesses and is equally the result of climate change. A November 2018 article in Popular Science, explains this connection (<https://www.popsci.com/lyme-disease-climate-change>).

"Ticks spend most of their lives in environments where temperature and humidity directly affect their survival. For this reason, the Environmental Protection Agency uses Lyme disease as an indicator of climate change. Higher temperatures spur ticks to venture farther in search of hosts, such as deer, which are more plentiful

after warmer winters. 'The Lyme disease vector tick needs deer to complete its life cycle, so this means that more ticks will be completing their life cycle, and consequently the tick population will increase,' said Edson Severnini, assistant professor of economics and public policy at Carnegie Mellon University's Heinz College. 'Also, as temperature rises, people may engage in more outdoor activities, increasing exposure to ticks.'"

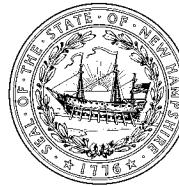
Tick-borne illnesses shouldn't discourage you from taking part in your favorite warm weather activities, but you should take proper precaution. Prevention is our best weapon in fighting this parasite.

House Bill 490 was introduced this year and through help from the NH Medical Society, was amended to read:

This bill establishes a commission to study the use and limitations of serological diagnostic tests to determine the presence or absence of Lyme and other tick-borne diseases and the development of appropriate methods to educate physicians and the public with respect to the inconclusive nature of prevailing test methods.

As this bill calls for physicians to participate in the commission, please let me know if you are interested.

I'm pleased to announce, that over the course of the next year, the NH Medical Society will be launching a public health campaign to raise awareness around tick-borne illness and prevention, working in coordination with statewide partners. I will be reaching out to you as we ramp up this effort but if you're interested in getting involved, please don't hesitate to call (603-224-1909 x 105) or email me at michael.padmore@nhms.org.



WANTED

Internal Medicine, Orthopedic, Neurologic, General or Family Practice Physicians interested in providing part-time or full-time staff medical consultant services for the Social Security Disability program, through the state Disability Determination Services office in Concord NH. Staff work involves reviewing disability claims on-site and requires no patient contact. SSA Training is provided.

OR

Physicians interested in performing consultative examinations in their office for the Social Security Disability program, through the state Disability Determination Services office. Compensation is provided per exam. All administrative aspects are performed by the DDS and no billing is required. Free dictation service and a secure web portal is provided for report submission.

Any interested physician must be licensed by the state of NH and in good standing. Please email inquiries to Anne.Preheimo@ssa.gov

Climate Change, cont. from page 1

events, such as the People's Climate March, nurses, doctors, and other medical professionals have turned out in force.

More than a decade ago, the New Hampshire Medical Society, following the report of the Union of Concerned Scientists, endorsed a position fighting ongoing fossil fuel utilization in our state and improving public education regarding the health risks of coal, oil, and natural gas energy generation. Through collaboration with local environmental coalitions, the society demanded important environmental improvements to the Merrimack Station in Bow and encouraged state participation in the Regional Greenhouse Gas Initiative (RGGI), a regional cap-and-trade program that has

begun to meaningfully address carbon dioxide emissions from power plants.

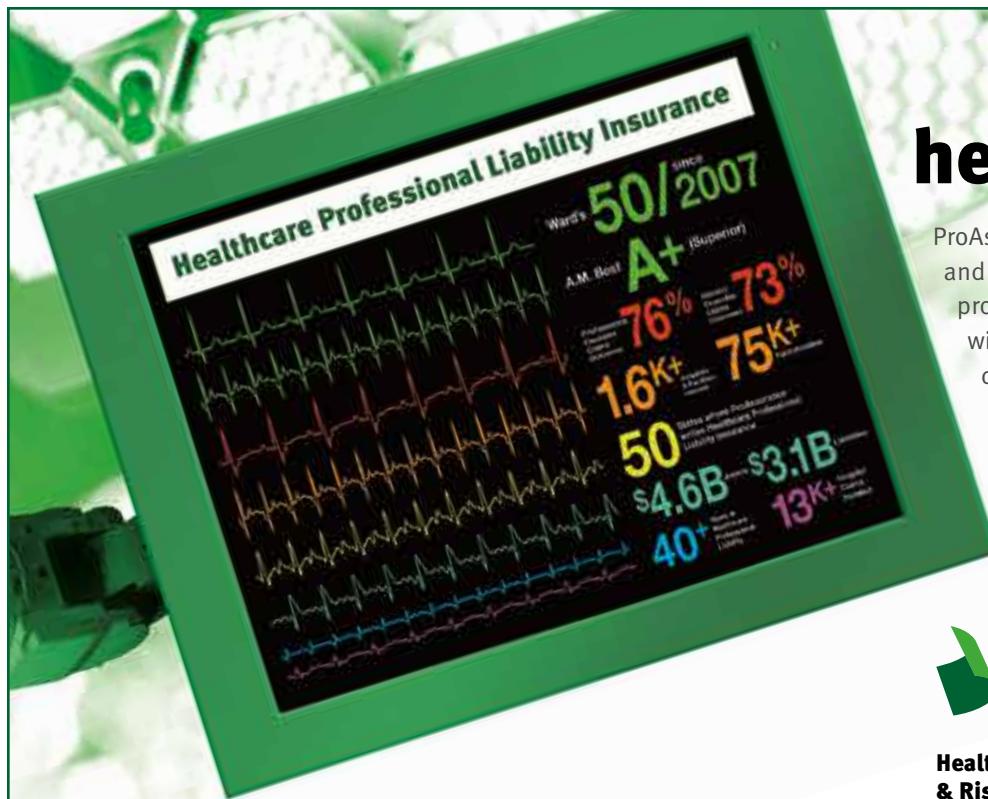
There are further ways we can and must help here in New Hampshire. We can talk with our family, friends and patients about the threat climate change poses to their health and well-being. We can become advocates for new laws that will hasten the transition away from fossil fuels, letting our legislators know that we see this as a public health priority. We can take advantage of our first-in-the-nation primary and demand that every Presidential candidate has a detailed and ambitious plan to address the climate crisis.

In the end, climate change is too big an issue for any one group to take on alone. Whether we come at

the crisis from an environmental, health, or economic angle, it's incumbent on all of us to take action. As 350.org often says, "to change everything, it takes everyone." That includes doctors, nurses, and everyone who cares about public health and the wellbeing of our patients and communities. ♣

Dr. Gary Sobelson is a family physician in Concord, NH, and past president of the New Hampshire Medical Society.

Jamie Henn is the co-founder and Strategic Communications Director for 350.org, an international climate campaign organization, and the spouse of Dr. Morissa Sobelson Henn, Community Health Program Director for Intermountain Healthcare.



healthy vitals

ProAssurance has been monitoring risk and protecting healthcare industry professionals for more than 40 years, with key specialists on duty to diagnose complex risk exposures.

Work with a team that understands the importance of delivering flexible healthcare professional liability solutions.

 **PROASSURANCE**[®]
Treated Fairly

Healthcare Professional Liability Insurance & Risk Resource Services



When you are treated fairly you are confident in your coverage • 800.282.6242 • ProAssurance.com



NHMS Partners with Xenex Payment Systems for *No-Fee, Cost-Effective Processing*

New Hampshire
MEDICAL SOCIETY

ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

To take advantage of this partnership with Xenex Payment Systems, please contact
Brett Kotcher at 516-359-9301 | bkotcher@xenexpayments.com | xenexpayments.com

Innovative Payment Acceptance

For over two decades, Xenex Payment Systems has been providing state of the art merchant-services solution that make fast, secure credit and debit card processing more efficient and cost effective. Xenex's solutions support business growth, increase customer loyalty, and strengthen data security. Xenex has an "A+" from the U.S. Better Business Bureau in recognition of its reputable business practices. Open a Xenex Merchant Account and take advantage of:

- » No fee program – eliminate all of your merchant fees
- » Free statement analysis to show monthly and annual savings
- » 24/7 customer and technical support
- » Month-to-month agreements for all NHMS members – no cancellation fees!
- » Next-day merchant funding – medical offices will receive their money next day!
- » American Express rates under 3%

The Xenex Advantage

Partner with Xenex to take your business to the next level. Xenex can customize a cost-effective processing solution that fits your unique in-office business needs featuring simple pricing, future-proof technologies, and live 24/7 customer support. Don't forget to ask about our electronic invoicing to make bill payment easier and more efficient.

PAYMENT SOLUTIONS FOR EVERY BUSINESS



EMV Ready Call today for an EMV payment solution that secures customer data, protects you from fraud liability, and enables EMV, magstripe and contactless transactions.



Integrated Simplify in-office, online, and mobile payments with developer-friendly payment APIs and toolkits that make it easy to accept payments using your existing software or website.



Mobile Meet the burgeoning demand for secure mCommerce with PCI-compliant wireless terminals, advanced handheld devices, and mobile wallet solutions.



Terminals & POS Systems Accept all the ways your customers pay with countertop and tablet-based EMV terminals and integrated software solutions with built-in PCI.



Xenex Payment Systems
 bkotcher@xenexpayments.com | 516.359.9301 | xenexpayments.com

Simplifying Payments AROUND THE GLOBE
 130+ CURRENCIES ACROSS 50 MARKETS WORLDWIDE

EVO_XenexBranded_NHMS_319

Heat Related Illness

By David R. Heller, DO, FACEP

Although the causes of global warming may be subject to debate, the preponderance of evidence indicates that global warming is indeed occurring, perhaps at an alarming rate.

One model suggests that the climate of northern New England may become similar to the climate of the mid-Atlantic states by the end of this century. If this model is correct, we can expect to see a significant increase in the incidence of heat related illness.

Heat related illness occurs when there is dysfunction of the normal regulatory mechanisms that work to keep the body at its normal physiologic temperature, usually around 98.6 degrees F. Generally, the body maintains its temperature through four mechanisms: radiation (transfer of heat by electromagnetic waves from a warmer object to a colder object), conduction (heat exchange between two surfaces in direct contact), convection (heat transfer by air or liquid moving across the surface of an object), and evaporation (heat loss by vaporization of water—i.e.,

sweat). Complex mechanisms within the hypothalamus work to respond to heat stress, and these generally involve one or more of the following: dilatation of blood vessels, increased sweat production, decreased heat production, and behavioral heat control.

Breakdown of these mechanisms causes heat related illness. Those who are most at risk include the very young, the very old, people with comorbidities (such as cardiovascular disease, kidney disease, diabetes), people taking certain medications (anticholinergics, phenothiazines, antidepressants, diuretics, beta and calcium blockers), people who lack air conditioning, alcohol/drugs, and people who are not acclimatized to a hot environment. Heat related illness can be mild to life-threatening, and consists of the following¹:

Heat Edema: Mild swelling of the feet, ankles, and hands caused by cutaneous vasodilatation and orthostatic pooling of interstitial fluid. This is usually self-limiting and is treated with elevation, support hose, and avoidance of hot environment.

Prickly Heat: An itchy red rash normally over the clothed areas of the body which is caused by inflammation of the sweat ducts and blockage of sweat pores. Antihistamines are effective to treat the itching. Chlorhexidine cream may provide relief, as well as wearing clean, loose clothing and avoidance of heat.

Heat Cramps: Painful muscle cramps, usually involving the legs due to loss of electrolytes through profuse sweating. These frequently occur after a period of exercise in a hot environment. Those who drink just water or other hypotonic

drinks (without electrolytes added) are at an increased risk. Treatment is replacement of fluids and electrolytes either orally or intravenously. Salt tablets by themselves should not be used as they are a gastric irritant and may induce vomiting.

Heat Tetany: Caused by hyperventilation that occurs as a response to try to reduce heat. This hyperventilation causes a respiratory alkalosis which causes paresthesias and carpo-pedal spasm. Treatment is to move to a cooler environment and take measures to reduce the respiratory rate such as rebreathing into a paper bag.

Heat Syncope: A type of postural hypotension that occurs due to relative volume depletion, peripheral vasodilatation, and decreased vasomotor tone. The elderly are especially susceptible to this. Treatment includes removal from the hot environment, rehydration (either PO or IV), and ruling out more serious causes of syncope.

Heat Exhaustion: This may present with headache, nausea/vomiting, malaise, dizziness, muscle cramps, tachycardia, orthostatic hypotension. Caused by depletion of water and/or electrolytes. Body temperature is usually normal or slightly elevated. There is no confusion or CNS impairment. Treatment includes removal to a cooler environment, replacement of fluids and electrolytes intravenously. Patients who do not have their symptoms alleviated within 30 minutes of treatment should be hospitalized.

Heat Stroke: This is an acute, life-threatening emergency where there has been a failure of the body to cool itself. The two cardinal features are hyperthermia



¹ (Tintinalli's Emergency Medicine, 7th ed.)

JUA Surplus Funds, cont. from page 1

won a series of precedent setting decisions, ultimately protecting and recovering more than \$196 million in excess premiums paid by, and belonging to, over 6,000 health care providers who were policyholders of the NHMMJUA, better known as simply the JUA.

The JUA was created in 1975, to offer medical malpractice insurance coverage to health care providers in the State of New Hampshire. It operated as an “autonomous voluntary association,” and, since the mid-1980’s, was funded exclusively by policyholders’ premiums under “assessable and participating” policies. Under these policies, in exchange for the responsibility to fund operating shortfalls, all excess funds accumulated by the JUA belonged only to policyholders. Despite this, in 2009, the governor signed into law a budget passed by the New Hampshire legislature that proposed to take as “state property” \$110 million of the JUA’s accumulated surplus funds to help balance the state’s budget.

Once announced, a few provider/policyholders voiced concerns about the propriety of the proposed taking but most were resigned to the likely futility of attempting to oppose the economic and legal might of the State of New Hampshire itself - most, but not all.

Tom Buchanan, CEO, of Derry Medical Center, approached Kevin Fitzgerald of Nixon Peabody about mounting a legal challenge to stop the proposed taking and secure the return of the funds to JUA policyholders on a contingent fee basis, as pursuing this challenge on an hourly basis wasn’t feasible. Tom was joined by Georgia Tuttle, MD, the first woman elected president of the NH Medical Society and former JUA board member, and shortly thereafter by Henry Lipman, then of LRGHealthcare, the JUA’s single largest policyholder. Together they pursued negotiations with Nixon

Peabody in hopes the firm would agree to take on the challenge. As requested, Nixon Peabody made a contingent fee proposal with a required minimum contingent fee of \$2 million payable if the taking were stopped but no funds were immediately returned to policyholders, as was likely, and thus no funds necessary to pay the contingent fee would be available.

Despite yeoman efforts by Tom, Georgia and Henry to recruit fellow policyholders, they concluded they couldn’t persuade enough with the means and willingness to share in funding the potential minimum fee. Rather than give up, they re-applied Nixon Peabody and asked if there was any other way the firm might agree to take the matter on. Joined by a shared sense of passion and purpose, Nixon Peabody, Georgia, Tom and Henry negotiated a restructure of the proposed contingent fee agreement, with Nixon Peabody agreeing to reduce the minimum fee by half, to \$1 million. Thereafter, led by tireless work of Georgia, Tom and Henry, and with logistical and communication support of the NH Medical Society, 313 more provider/policyholders were persuaded to step up and join in the agreement with Nixon Peabody, enough that Nixon Peabody agreed to take on the representation and the enormous but important challenge that would lie ahead.

And the rest, as the saying goes, is history. With Dr. Tuttle, Derry Medical Center and LRGHealthcare taking on the role of lead plaintiffs, Nixon Peabody brought suit, arguing the State’s attempted taking was unconstitutional and that the JUA’s policies and regulations provided policyholders were the owners of these funds. In July of 2009, the New Hampshire Superior Court agreed, enjoining the planned taking of JUA funds, finding JUA policyholders alone had vested rights in its surplus funds and that

the New Hampshire and United States Constitutions constrain what government can do with regard to taking of private property and impairment of private contracts. In January 2010, the New Hampshire Supreme Court agreed. In a fitting tribute to Georgia’s indispensable leadership, unyielding principle and commitment, these landmark decisions have come to be known as “*The Tuttle Case*.”

In the years that followed, in a veritable marathon of successive actions on behalf of policyholders in various judicial, legislative and administrative theaters, that included two successful trips to the New Hampshire Supreme Court, multiple legislative enactments, the receivership and dissolution of the JUA itself, and the two largest and most successful class actions in New Hampshire history, the lead plaintiffs and Nixon Peabody successfully defended, secured and ultimately returned to policyholders more than \$196 million of surplus funds, the last of which is expected to be paid this year.

An enormous debt of gratitude is owed to Nixon Peabody, Dr. Georgia Tuttle, Tom Buchanan and his Derry Medical Center colleagues, and LRGHealthcare, led initially by Henry Lipman and later by its General Counsel, Mitch Jean. In addition, a number of provider/policyholders and supporters made significant contributions to the outcome, including contributions of their time, testimony, money and leadership and are owed special recognition and thanks as well, including the 313 other providers who led the effort by joining in the retention of Nixon Peabody in 2009, as well as Drs. David Strang, Marc Leclair and Ted Brooks, Senator Sharon Carson, and the staff and membership of the New Hampshire Medical Society. ■

Medical Mutual Insurance Company of Maine: Risk Management Practice Tip



Biopsy Specimen Send Outs: Recommendations to Avoid Delays in Diagnosis

Delay in cancer diagnosis is one of the leading causes of professional liability claims. Mislabeling of specimens, failure to track receipt of the results and follow-up on the results are contributing factors in these claims.

Recommendations to enhance office practice systems:

1. Establish a standardized specimen collection process.

2. Utilize two patient specific identifiers when performing biopsies.

- o Request the patient state their full name and date of birth upon check-in.

- o Confirm the same two patient identifiers when accessing the patient's medical record. Consider establishing an individual patient identifier, e.g., unique patient number.

- o Use printed labels with the patient specific information to identify all biopsy specimens and patient forms.

3. Prepare for biopsy.

- o Prepare the biopsy trays in an area separate from the biopsy procedure room.

- o Take only the biopsy tray(s) necessary for this procedure into the procedure room.

- o Label specimen containers and forms in the procedure

room after the patient has entered the room. Never pre-label specimen containers and forms.

4. Implement a double check system which includes a "time out" for biopsies. In the procedure room:

- o Have the patient review the labels and confirm the information is correct.

- o Have the provider review the labels to confirm the labels match the patient's profile and medical record.

- o Prepare the lab requisitions and specimen containers. Attach the labels.

- o Have the patient reconfirm the labels on requisitions and specimen containers.

- o Have the physician reconfirm that the labels match the patient's profile and medical record.

- o Place the specimen containers and the requisitions in the appropriate transport package. Complete the specimen pick-up log and place the specimen in the designated pick-up area.

- o Note: labeling the transport packaging with the patient name and second identifier is not a substitute for proper labeling of the specimen containers. Laboratories cannot accept unlabeled specimen containers. College of American Pathologists regulations require the specimen be rejected.

5. Track the specimen.

- o Establish a system that tracks

the send out and receipt date of pathology specimens. Reconcile results not received within a reasonable time-frame.

- o Require providers to review, initial and date reports of test results upon receipt.

- o Instruct staff to verify that these reports reflect review by the provider prior to filing in the paper record.

- o For the EHR, direct results of electronic and scanned reports to the provider approval workflow.

6. Follow-up with the patient.

- o Notify the patient of normal and abnormal pathology results. Document patient notification, instructions or recommendations and scheduled follow-up appointments in the patient's medical record.

- o Monitor patient completion of recommended follow-up.

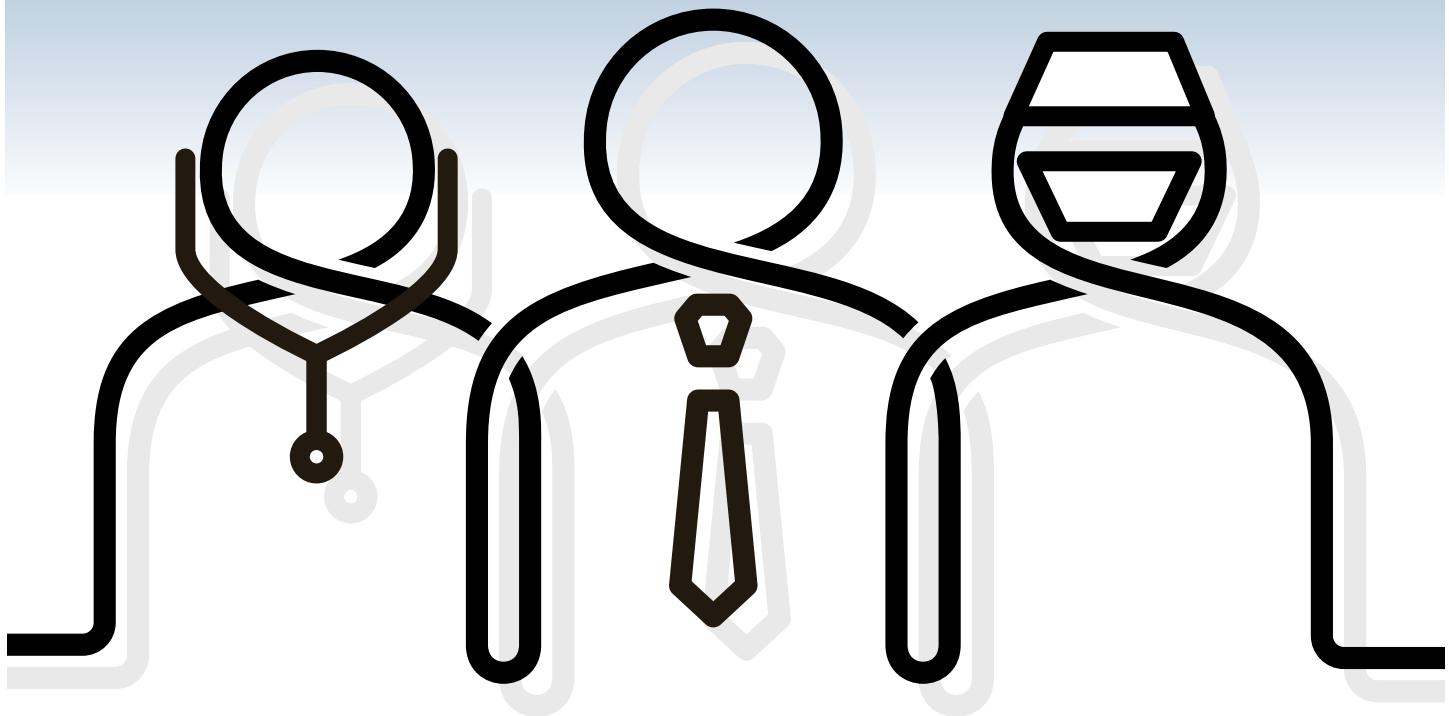
7. Monitor for patient safety improvement opportunities.

- o Track specimen labeling errors, identify opportunities for improvement and implement system changes as necessary.

- o Question results that are not consistent with the patient's clinical history. ♦

Medical Mutual's "Practice Tips" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

Partners in patient safety & medical liability protection



Medical Mutual
INSURANCE COMPANY OF MAINE

www.medicalmutual.com

New Study: Addressing Childhood Adversity and Social Determinants in Pediatric Primary Care

The Institute for Health Policy and Practice at the University of New Hampshire has released a new study conducted by the NH Pediatric Improvement Partnership. The report, Addressing Childhood Adversity and Social Determinants in Pediatric Primary Care identifies approaches to better address the short- and long-term impacts of adverse childhood experiences (ACEs) and the social determinants of health on children's health and wellbeing. Social determinants of health (SDOH) are features of the environment where a person lives that can affect health, such as availability of jobs and play areas for children. ACEs are just one part of the SDOH puzzle and encompass physical and emotional abuse, neglect, and other household challenges including household substance use such as opioids.

When exposed to ACEs and other negative social determinants, a child's stress response system is activated, which, if prolonged and excessive, can lead to toxic levels of stress that derail development. Primary care plays a critical role in prevention and early intervention, but they cannot do it alone. The report offers recommendations for developing multidisciplinary care teams, training on trauma-informed care, and improving care coordination and outreach surrounding local resources and services. It also emphasizes the importance of involving policymakers and the public in these processes to better support children and families affected by adverse childhood experiences and negative social determinants of health.

Find the full report under the publications tab at www.nhpip.org.



New Hampshire Medical Society

CORPORATE AFFILIATE PROGRAM
ENHANCING THE VALUE OF YOUR MEMBERSHIP

AFFILIATE SERVICES

Billing Services

Electronic Payment Systems

Pharmaceuticals

Business Management

Employee Benefits

Practice Management

Collection Service

Financial

Telecommunications

Dental Benefits

Insurance

Uniforms, Apparel & Linens

Electronic Medical Records

Office Supplies

Web-based Billing

NHMS CAP is a paid membership program whose members meet criteria as posted at www.nhms.org

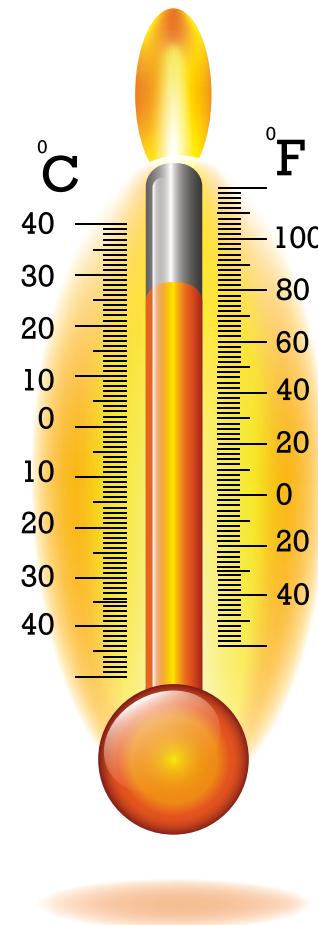
2018-2019 NHMS Council

President	Tessa J. Lafortune-Greenberg, MD
President-Elect	John L. Klunk, MD
Immediate Past President	Leonard Korn, MD
Penultimate Past President	Deborah A. Harrigan, MD
Vice President	Kenton Allen, MD
Secretary	Eric A. Kropp, MD
Treasurer	Stuart J. Glassman, MD
Speaker	Richard P. Lafleur, MD
Vice Speaker	Daniel M. Philbin, MD
AMA Delegate	William J. Kassler, MD, MPH
AMA Alternate Delegate	P. Travis Harker, MD, MPH
Chair, Board of Trustees	Deborah Harrigan, MD
Trustee	Richard B. Friedman, MD
Trustee	P. Travis Harker, MD, MPH
Medical Student	Soham C. Rege
Physician Assistant	Linda L. Martino, PA-C
NH Osteopathic Association Rep.	Maria T. Boylan, DO
Young Physician Rep.	Kenton Allen, MD
Young Physician Rep.	Anthony M. Dinizio, MD
Member-at-Large	Diane L. Arsenault, MD
Member-at-Large	Seddon R. Savage, MD
Member-at-Large	Doris H. Lotz, MD, MPH
Member-at-Large	Jonathan R. Ballard, MD
Member-at-Large	Linda Kornfeld, MD
Physician Member of NH Board of Medicine	Nick P. Perencevich, MD
Lay Person	Lucy Hodder, JD
Physician Rep. of the NH Dept. Health Human Services	Benjamin P. Chan, MD
Specialty Society Reps	
• NH Chapter of the American College of Cardiology	Daniel Philbin, MD
• NH Chapter of the American College of Physicians	Richard P. Lafleur, MD
• NH Academy of Family Physicians	Gary A. Sobelson, MD
• NH Chapter of American Academy of Addiction Medicine	TBD
• NH Chapter of Emergency Physicians	Molly E. Rossignol, DO
• NH Society of Eye Physicians & Surgeons	Thomas J. Lydon, MD
• NH Pediatric Society	Lauren Branchini, MD
• NH Radiology Society	Skip M. Small, MD
• NH Psychiatric Society	Terry J. Vaccaro, MD
• NH Society of Anesthesiologists	Jeffrey C. Fetter, MD
• NH Society of Pathologists	Steve J. Hattamer, MD
• NH American College of Obstetricians & Gynecologists	Eric Y. Loo, MD
• NH Orthopaedic Society	Oge H. Young, MD
NH Med. Group Management Assn. Rep.	Glen D. Crawford, MD
	Dave Hutton

Heat Related Illness, cont. from page 6

(temp >104) and altered mental status. The patient may or may not be sweating. Treatment includes the need for rapid cooling by moving to a cooler environment, removal of clothing, application of wet towels to the body, application of ice packs to the neck/groin/axillae, vigorous IV fluid resuscitation. Cooling should be rapid, but not enough to cause shivering. Complications of heat stroke include rhabdomyolysis, cerebral edema/CNS damage, myocardial injury, renal failure, hepatic dysfunction, coagulopathies.

As warmer weather approaches, heat related illness prevention consists of minimizing exposure to a hot environment, staying well-hydrated with liquids containing electrolytes, acclimatization, and alcohol only in moderation. Enjoy your summer, and stay cool! ☀



President's Perspective, cont. from page 2

I then came across examples of how children are advocating for themselves to ensure that the adults who can legislate and can vote are making the best decisions for children.

Globally, Kehkashan Basu founded the Green Hope Foundation which gives a voice to children in regards to equality and climate justice. Prior to her 18th birthday, she has spoken at United Nations summits, and received the 2016 International Children's Peace Prize, the 2017 Turner Prize for Social Change and the 2017 National Energy Globe Award, amongst other awards, too many to list. When she was eight years old she saw a dead bird enveloped in plastic and her passion to advocate for environmental change started.

Last month, thousands of children in the UK went on school strikes to participate in a Youth Strike 4 Climate to bring attention to their concern and fears that Parliament is not doing enough to protect the children of the UK. There have been similar strikes in other countries in Europe and Australia.

But the most interesting story I saw recently was the 60 Minutes report on Juliana v. United States. Twenty-one children are suing the United States government claiming that it violated youths' rights by allowing activities that harmed the climate and has known the threat for greater than 50 years. Prior cases have been thrown out but this case has continued as Federal Judge Ann Aiken agreed that children have a "constitutional right to a stable cli-

mate." This case has been dubbed "the climate case" and many feel this case is everything in terms of what it can do to protect children now and in the future from the effects of climate change. Some feel that this case –brought forward by children – will change not only how the United States deals with effects on the environment but also will change the economy of the United States.

I have been intrigued by how children are starting to take the lead on this issue and are educating and working to force the adults who are by default making the decisions that have the most impact on children to face the issue and hopefully make the changes needed to allow for a right to a stable climate. ♦

ADVOCATES FOR THE MEDICAL PROFESSION Ready to help in the Boardroom or the Courtroom



Michael Pignatelli



Steve Lauwers



Ken Bartholomew



Adam Varley



Adam Pignatelli



Larry Smith



Judith Albright



Lindsey Dalton
RN Paralegal



Rath, Young and Pignatelli, P.C. www.rathlaw.com

Concord
(603) 226-2600

Nashua
(603) 889-9952

Boston
(617) 523-8080

Montpelier
(802) 229-8050



Visit www.neebco.com or call
(603) 228-1133 for more information.

Streamline your benefits management process
with NEEBCo Connect, a complete online
enrollment and ACA compliance solution.

NEEBCo Connect provides employers with:

- Electronic benefits enrollment
- 1094/1095 completion
- Clear employee communications
- Compliance management
- Customized reporting
- Mobile app integration



Serving employers for more than 30 years.

The Changing Climate of Physician Leadership

By Jim Potter, Executive Vice President

Over the last few years you may have seen me write on the growing need for physician leadership in the Granite State's hospitals and health systems. The preponderance of recent studies indicates that physician-driven hospitals perform better across all metrics. This should be intuitive for most, as much as it is now confirmed empirically. An engaged, vested medical team is going to more consistently perform better.

With this in mind, the Medical Society has established a Physician Leadership Institute whose mission is to build a physician-driven healthcare delivery system for New Hampshire by providing longitudinal learning experiences through case-based curriculum.

Start-up funding from a two-year \$150,000 grant from The Physicians Foundation has allowed an advisory council, chaired by Dr. Deb Harrigan, to create the unique New Hampshire Physician Leadership Development Program. If positive progress is made, this funding could be renewed/extended for an additional two-year \$150,000 grant to implement the other aspects of the Institute noted below.

Physician Leadership Development Program – The Medical Society and NH Hospital Association, in collaboration with nationally-recognized thought leaders from the University of New Hampshire's Paul College of Business and Economics, launched in 2018, the NH Physician Leadership Development Program, with 21 physicians in the inaugural cohort. Directed by Dr. Neil Meehan, the program's curriculum is designed with physician's schedules in mind and consists of twenty one-a-month 4-hour (7:30 – 11:30 am) modules over a two-year period (September-June).

Program attributes include:

- 1st year (physician leadership soft skills – e.g., emotional intelligence, teambuilding, managing transitions, conflict resolution, coaching & mentoring, executive presence)

- 2nd year (physician leadership hard skills – e.g., communications, LEAN learning systems, quality & reliability, financial & managerial accounting, budget & variance analysis)
- Mentoring component and program project in second year
- CME and graduate accredited certificate

Applications for our second cohort and further details about the program are available online at <https://paulcollege.unh.edu/physicianleadershipnh>.

Additional aspects of our New Hampshire Physician Leadership Institute that are under development include:

Women Physician's Leadership Conference – *Career Advancement and Leadership Strategies and Skills Development for Women Physicians.*

In collaboration with Harvard Medical School, this one-day professional development program would deliver evidence-based strategies, skills development and education that help women at various stages of their healthcare careers step into and succeed in leadership positions. Consideration will also be given to potentially developing a **Minority Physician's Leadership Conference**.

Physician Executive Coaching

Network – Utilize a combination of non-directive coaching and individualized learning to help leaders identify their strengths and development needs, set goals, create development plans, and achieve positive behavioral change. The coaching process begins with a 360-degree assessment and includes involvement from the leader's manager and/or sponsor. Coaching in person or by phone, usually in one-hour sessions over a period of 6 to 12 months.

Media Training – an entry-level 4-hour seminar intended to help prepare physicians for media interviews at multiple site locations across the state for 6-10 physicians per session.

Legislative Advocacy Training – an entry-level 2-hour seminar conduct-

ed by NHMS staff in collaboration with other health care advocacy organizations intended to help prepare physicians for personal advocacy before legislators and regulators.

Promoting Physician Involvement in Leadership New Hampshire (LNH)

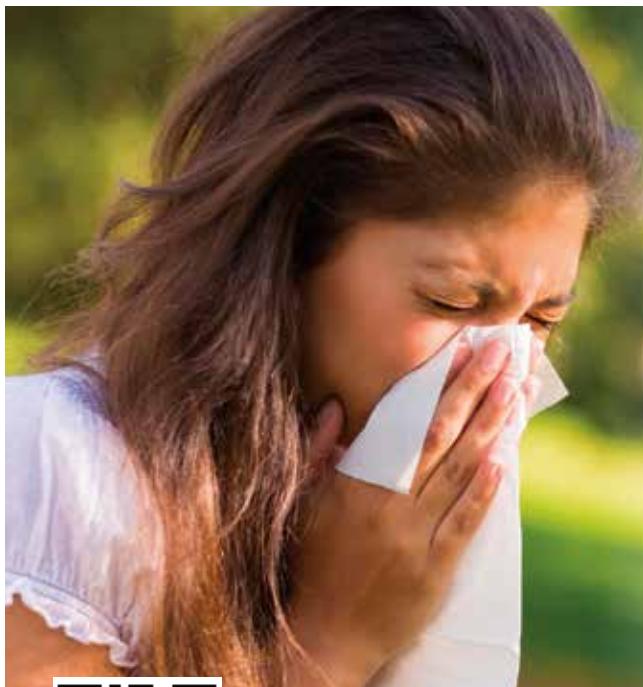
– A one-day per month gathering of a select cohort of talented and accomplished individuals to increase civic engagement and strengthen leadership in communities through connecting and creating opportunities to learn about the complex issues facing the Granite State. Dr. John Klunk, NHMS President-Elect, is a member of the current class. Other distinguished LNH physician alumni include Drs. Bill Kassler, Seddon Savage, Matt Danyo and Sally Kraft. More information on LNH can be found at <http://www.leadershipnh.org/>.

Physician Executive MBA Program

– Executive MBA (EMBA) in Healthcare that is focused on improving both clinical outcomes and financial results in healthcare organizations by training physician and other healthcare leaders in the new science of medical management. Designed for practicing physicians who are – or seek to be – in positions of management or leadership, the EMBA would be an accelerated 16 to 18-month program and a curriculum that integrates the student's healthcare expertise with new knowledge in critical areas ranging from health policy and economics to operational systems management, high performance leadership, and healthcare innovation.

We welcome your ideas for other ideas and programs to help promote physician leadership and engagement in practices, hospitals and health systems. If you want to learn more or are interested in participating or helping develop some of the physician leadership programs and activities, please drop me a line at james.potter@nhms.org or call me at 603-224-1909.

You, too, can contribute in a small or larger way to help positively change our Granite State climate. ¶



WE CARE
EVEN WHEN NATURE DOESN'T

**Pharmacy
Coupon | Prescription**

Coupon MBR ID: Enter Year & Time
(Example: Year 2019, Time 9:14, Enter ID 2019014)
RxGRP: NHRX
RxBIN: 610709



This coupon has no expiration date and is reusable on Brand and Generic Rx's. Savings can be as high as 75%.

PATIENT INSTRUCTIONS: This card/coupon is pre-activated and can be used immediately. Present this card/coupon to any participating pharmacy to receive a discount on prescription medications.
PHARMACIST INSTRUCTIONS: Submit as a primary claim (cannot be processed as secondary) using the following pharmacy processing information. For processing questions and comments please call the Pharmacy Helpline below.

NH Rx CARD
NEW HAMPSHIRE Rx CARD

This program is not insurance.

Customer Service: 877-321-6756 | Pharmacy Helpline: 800-223-2146 | This is a point-of-sale discount program.

Save up to 75% on your prescriptions This Allergy Season
with **New Hampshire Rx Card.**



SCAN FOR **FREE APP** OR VISIT
FREERXICARD.COM TO DOWNLOAD



» For more information contact: Mary.West@nhms.org

**Sullivan
& Hollis** PLLC
COUNSELORS AT LAW

TRUSTED ADVISORS FOR CHANGING TIMES



**Congratulations to Elise Salek
on her election as a
Fellow of the American College
of Trust & Estate Counsel**

Sullivan & Hollis PLLC.

Headquarters: Concord, New Hampshire | 603-223-2800 | www.sullivan.com

NEW HAMPSHIRE | MASSACHUSETTS | RHODE ISLAND | MAINE | VERMONT

New Hampshire

MEDICAL SOCIETY

ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

Prsrt Std.
U.S. Postage
PAID
Concord, NH
Permit No. 1584

7 North State Street
Concord, NH 03301
603 224 1909
603 226 2432 fax
nhmedicalsoociety@nhms.org
www.nhms.org

ADDRESS SERVICE REQUESTED



Printed on recycled stock using soy-based inks.

Save the Date for NHMS19!

NHMS Annual Scientific Conference
November 15-17, 2019

Omni Mount Washington Hotel, Bretton Woods, NH



Planned Topics include:

- Vaping
- Pelvic floor pain
- Intimate partner violence
- Opioid alternatives
- and more...

Call **603-278-1000** for the NH Medical Society
special \$149 per night room rate!